

# INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

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## Mandatory – Quality Area 2

### PURPOSE

This policy will define the:

- procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the Approved Provider when a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.

### POLICY STATEMENT

#### 1. VALUES

Montessori Early Education Centre is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised person at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of Montessori Early Education Centre.

#### 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at Montessori Early Education Centre, including during offsite excursions and activities.

#### 3. BACKGROUND AND LEGISLATION

##### Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma and Illness Record* include the following:

- the name and age of the child

- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy*, *Asthma Policy* and *Anaphylaxis Policy*.

### **Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 174(2)
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Occupational Health and Safety Regulations 2007*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health is promoted
    - Element 2.1.1: Each child's health needs are supported
    - Element 2.1.3: Effective hygiene practices are promoted and implemented
    - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- *National Quality Standard*, Quality Area 3: Physical Environment
  - Standard 3.1: The design and location of the premises is appropriate for the operation of a service
    - Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
  - Standard 7.3: Administrative systems enable the effective management of a quality service
    - Element 7.3.1: Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements
    - Element 7.3.2: Administrative systems are established and maintained to ensure effective operation of the service

#### 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**AV How to Call Card:** A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from [www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html](http://www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html)

**Emergency services:** Includes ambulance, fire brigade, police and state emergency services.

**First aid:** The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: [www.acecqa.gov.au/qualifications/approved-first-aid-qualifications](http://www.acecqa.gov.au/qualifications/approved-first-aid-qualifications)

**Hazard:** A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

**Incident:** Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

**Injury:** Any physical damage to the body caused by violence or an incident.

**Medication:** Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

**Medical management plan:** A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Medical attention:** Includes a visit to a registered medical practitioner or attendance at a hospital.

**Medical emergency:** An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

**Minor incident:** An incident that results in an injury that is small and does not require medical attention.

**Notifiable incident:** An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

**Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

**Trauma:** An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

## 5. SOURCES AND RELATED POLICIES

### Sources

- VMIA Insurance Guide, Community Service Organisations program: [www.vmia.vic.gov.au](http://www.vmia.vic.gov.au)
- Building Code of Australia
- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at [www.nhmrc.gov.au/guidelines](http://www.nhmrc.gov.au/guidelines) or email [nhmrc.publications@nhmrc.gov.au](mailto:nhmrc.publications@nhmrc.gov.au). (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- WorkSafe Victoria: *Guide to Incident Notification*
- Ambulance Victoria: *AV How to Call Card*

### Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Administration of First Aid Policy*
- *Dealing with Infectious Diseases Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

## PROCEDURES

### The Approved Provider is responsible for:

- ensuring that the premises are kept clean and in good repair
- ensuring that staff have access to medication, incident, injury, trauma and illness forms and WorkSafe Victoria incident report forms
- ensuring that the service has an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy*)
- ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183)
- ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86)
- ensuring that incident, injury, trauma and illness records<sup>1</sup> are kept and stored securely until the child is 25 years old (Regulations 87, 183)
- ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*)

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<sup>1</sup> For a template *Incident, Injury, Trauma and Illness Record*, visit the ACECQA website: [www.acecqa.gov.au/resources-and-templates/](http://www.acecqa.gov.au/resources-and-templates/)

- ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy*)
- ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency
- ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring that an incident report (SI01) is completed and a copy forwarded to the regional DEECD office as soon as is practicable but not later than 24 hours after the occurrence.

**The Nominated Supervisor, Certified Supervisors and other educators are responsible for:**

- ensuring that the *AV How to Call Card* is displayed near all telephones
- ensuring that volunteers and parents on duty are aware of children's medical management plans and their responsibilities in the event of an incident, injury or medical emergency
- responding immediately to any incident, injury or medical emergency
- implementing individual children's medical management plans, where relevant
- notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable
- requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called
- notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable
- recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable but not later than 24 hours after the occurrence
- ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency
- maintaining all enrolment and other medical records in a confidential manner (refer to *Privacy and Confidentiality Policy*)
- regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified
- assisting the Approved Provider with regular hazard inspections (refer to Attachment 1 – Sample hazard identification checklist)
- reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's *Hygiene Policy*
- notifying DEECD in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital
- ensuring that the following contact numbers are displayed in close proximity of each telephone:
  - 000 (also keep an *AV How to Call Card* close to each telephone)
  - DEECD regional office
  - Approved Provider
  - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
  - Victorian Poisons Information Centre: 13 11 26
  - local council or shire.

*When there is a medical emergency, educators will:*

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving

- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the Approved Provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DEECD, the Approved Provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, educators will:

- ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (refer to definition of *medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the Approved Provider is notified of the incident
- ensure that the *Incident, Injury, Trauma and Illness Record* is completed as soon as is practicable and within 24 hours of the occurrence.

**Parents/guardians are responsible for:**

- providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161(1))
- payment of all costs incurred when an ambulance service is called to attend to their child at the service
- notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)
- ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d))
- collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service
- being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident

- notifying the service by telephone when their child will be absent from their regular program
- notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

## **EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of Montessori Early Education Centre will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review and analyse information gathered from the *Incident, Injury, Trauma and Illness Record* and staff first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

## **ATTACHMENTS**

- Attachment 1: Sample hazard identification checklist

## **AUTHORISATION**

This policy was adopted by the Approved Provider of Montessori Early Education Centre on 14/08/2012

**REVIEW DATE: 14/08/2015**



# ATTACHMENT 1

## Hazard identification checklist

Service: Montessori Early Education Centre

Date: 27/08/2012

Inspected by: Jackie Robson

Hazard	Yes	No	Comments
<b>1. Floors</b>			
Surface is even and in good repair	yes		
Surface is free from tripping and slipping hazards (e.g. oil, water, sand)	Yes		
Surface is safe (e.g. not likely to become excessively slippery when wet)	yes		
<b>2. Kitchen and work benches</b>			
Work bench space is adequate and at comfortable working height	yes		
Kitchen and work bench space is clean and free of clutter	yes		
Equipment not in use is properly stored	yes		
Lighting is satisfactory	yes		
A door or gate restricts child access to the kitchen	yes		
Ventilation fan is in good working order	yes		
Kitchen appliances are clean and in good working order	yes		
<b>3. Emergency evacuation</b>			
Staff have knowledge of fire drills and emergency evacuation procedures	yes		
Fire drill instructions are displayed prominently in the service	yes		
Regular fire drills are conducted	yes		
Extinguishers are in place, recently serviced and clearly marked for type of fire	yes		
Exit signs are posted and clear of obstructions	yes		
Exit doors are easily opened from inside	yes		
<b>4. Security and lighting</b>			
Security lighting is installed in the building and car park	yes		

There is good natural lighting	yes		
There is no direct or reflected glare	yes		
Light fittings are clean and in good repair	yes		
Emergency lighting is readily available and operable (e.g. torch)	yes		
<b>5. Windows</b>			
Windows are clean, admitting plenty of daylight	yes		
Windows have no broken panes	yes		
<b>6. Steps and landings</b>			
All surfaces are safe	yes		
There is adequate protective railing which is in good condition	yes		
<b>7. Ladders and steps</b>			
Ladders and steps are stored in a proper place	yes		
Ladders and steps are free of defects (e.g. broken or missing rungs etc.)	yes		
They conform to Australian Standards	yes		
They are used appropriately to access equipment stored above shoulder height	yes		
<b>8. Chemicals and hazardous substances</b>			
All chemicals are clearly labelled	yes		
All chemicals are stored in locked cupboard	yes		
Material Safety Data Sheets (MSDS) are provided for all hazardous substances	yes		
<b>9. Storage (internal and external)</b>			
Storage is designed to minimise lifting problems	yes		
Materials are stored securely	yes		
Shelves are free of dust and rubbish	yes		
Floors are clear of rubbish or obstacles	yes		
Dangerous material or equipment is stored out of reach of children	yes		
<b>10. Manual handling and ergonomics</b>			
Trolleys or other devices are used to move heavy objects	yes		
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely	yes		

Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)	yes		
Workstations are set up with the chair at the correct height	yes		
Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly	yes		
Work practices avoid the need to sit or stand for long periods at a time	yes		
<b>11. Electrical</b>			
There are guards around heaters	yes		
Equipment not in use is properly stored	yes		
Electrical equipment has been checked and tagged	yes		
Use of extension leads, double adaptors and power boards are kept to a minimum	yes		
Plugs, sockets or switches are in good repair	yes		
Leads are free of defects and fraying	yes		
Floors are free from temporary leads	yes		
There are power outlet covers in place	yes		
<b>12. Internal environment</b>			
Hand-washing facilities and toilets are clean and in good repair	yes		
There is adequate ventilation around photocopiers and printers	yes		
<b>13. First aid and infection control</b>			
Staff have current approved first aid qualifications and training	yes		
First aid cabinet is clearly marked and accessible only to staff	yes		
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i> )	yes		
Disposable gloves are provided	yes		
Infection control procedures are in place	yes		
Current emergency telephone numbers are displayed	yes		
<b>14. External areas</b>			
Fencing is secure, unscalable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)	yes		

Child-proof locks are fitted to gates	yes		
Paving and paths have an even surface and are in good repair	yes		
Paving and path surfaces are free of slipping hazards, such as sand	yes		
Soft-fall and grass areas are free of hazards	yes		
Equipment and materials used are in good repair and free of hazards	yes		
<b>15. Equipment</b>			
Furniture and play equipment are in good repair (no protruding bolts, nails, splinters)	yes		
Impact-absorbing material is placed under all equipment where fall height could exceed 0.5 metres	yes		
Guardrails are provided for play equipment over 1 metre	yes		
<b>16. Sun protection</b>			
There is an adequate supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff	yes		
Staff are required to wear a sun hat when outside in Terms 1 & 4.	yes		
There is a <i>Sun Protection Policy</i> in place, which requires staff and children, and others who work in the sun to use sunscreen and an appropriate sunhat	yes		

If any box is marked with a “No”, it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.